

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90124 021 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P29291

1. Corporation Name
ASBESTOS FREE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1879 MCFARLAND RD
 ALPHARETTA GA 30005
 US

Mailing Address
 1879 MCFARLAND RD
 ALPHARETTA GA 30005
 US

3. Date Incorporated or Qualified
05/09/1990

4. FEI Number
58-1797927

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
SIMMONS, RONALD L.
475 MONITOR ST
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, RONALD	
STREET ADDRESS	519 ROSEMONT PKWY	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, SANDRA O.	
STREET ADDRESS	285 CLIPPER BAY DRIVE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELCH, FENDALL E.	
STREET ADDRESS	285 CLIPPER BAY DRIVE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GIBSON, NANCY	
STREET ADDRESS	7415 FIELDS DR	
CITY-ST-ZIP	CUMMING GA 30131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fendall E. Welch	
1.3 STREET ADDRESS	285 Clipper Bay Drive	
1.4 CITY-ST-ZIP	Alpharetta, Ga	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dale Cochran	
2.3 STREET ADDRESS	120 Ridgcrest Ave	
2.4 CITY-ST-ZIP	Cumming, Ga 30130	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **2/12/99** **770-442-5823**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)